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and personal factories	Case number (If known):	(State) Chapter 7	eropour functionaries					
	Official Form 205		and the same of th					heck if this is a mended filing
-		tition Against a	No	n-Indi	ividua	1		12/15
a (case against an individual, use	tcy case against a non-individual you the <i>Involuntary Petition Against an In</i> additional sheets to this form. On th	ndividu	al (Official F	orm 105). Be	as complete and	accurate a	s possible. If
Pa	art 1: Identify the Chapter	r of the Bankruptcy Code Under	Which	Petition Is	s Filed			
ı.	Chapter of the	Check one:						
	Bankruptcy Code	☑ Chapter 7						
		Chapter 11						
Pa	art 2: Identify the Debtor							
2.	Debtor's name	Honors Holdings, LLC						
3.	Other names you know the debtor has used in the last 8 years							
	Include any assumed names, trade names, or doing business as names.							
1.	Debtor's federal Employer Identification Number (EIN)	■ Unknown					West of the second	
-		Principal place of business	************		Mailing a	ddress, if different		
5.	Debtor's address	120 Interstate N Parkway, Suite 4	444					
		Number Street		No.	Number	Street		
					D.O. Pau			
		Atlanta G/	SA S	30339	P.O. Box			
		City	ate Z	ZIP Code	City		State	ZIP Code
		Cobb				of principal assets place of business		nt from
		County			Number	Street		
								-

City

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Case number (if known) Name https://www.honorsholdings.com/ 6. Debtor's website (URL) Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) 7. Type of debtor Partnership (excluding LLP) Other type of debtor. Specify: _ 8. Type of debtor's Check one: **business** Health Care Business (as defined in 11 U.S.C. § 101(27A)) ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Railroad (as defined in 11 U.S.C. § 101(44)) ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3)) None of the types of business listed. Unknown type of business. 9. To the best of your No No knowledge, are any Yes. Debtor ___ bankruptcy cases Relationship pending by or against any partner or affiliate Date filed Case number, if known_ MM / DD / YYYY of this debtor? Debtor Relationship Date filed Case number, if known MM / DD / YYYY Part 3: **Report About the Case** 10. Venue Check one: Over the last 180 days before the filing of this bankruptcy, the debtor had a domicile, principal place of business, or principal assets in this district longer than in any other district. A bankruptcy case concerning debtor's affiliates, general partner, or partnership is pending in this district. 11. Allegations Each petitioner is eligible to file this petition under 11 U.S.C. § 303(b). The debtor may be the subject of an involuntary case under 11 U.S.C. § 303(a). At least one box must be checked: The debtor is generally not paying its debts as they become due, unless they are the subject of a bona fide dispute as to liability or amount. ☐ Within 120 days before the filing of this petition, a custodian, other than a trustee, receiver, or an agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession. 12. Has there been a No No transfer of any claim Yes. Attach all documents that evidence the transfer and any statements required under Bankruptcy against the debtor by or to any petitioner? Rule 1003(a).

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Case number (if known)_

13. Each petitioner's claim	Name of petitioner	Nature of petitioner's claim	Amount of the claim above the value of any lien
	Core2000 LLC	Breach of Contract	5,947,533.00
	BOTF, LLC	Breach of Contract	2,850,000.00
	CA 531 86th Street LLC	Breach of Contract	4,442,879.93
		Total of petitioners' claims	s 13,240,412.93

(exclusive of accruing charges, interest, fees, and costs)

If more space is needed to list petitioners, attach additional sheets. Write the alleged debtor's name and the case number, if known, at the top of each sheet. Following the format of this form, set out the information required in Parts 3 and 4 of the form for each additional petitioning creditor, the petitioner's claim, the petitioner's representative, and the petitioner's attorney. Include the statement under penalty of perjury set out in Part 4 of the form, followed by each additional petitioner's (or representative's) signature, along with the signature of the petitioner's attorney.

Part 4:

Request for Relief

Petitioners or Petitioners' Representative

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Petitioners request that an order for relief be entered against the debtor under the chapter of 11 U.S.C. specified in this petition. If a petitioning creditor is a corporation, attach the corporate ownership statement required by Bankruptcy Rule 1010(b). If any petitioner is a foreign representative appointed in a foreign proceeding, attach a certified copy of the order of the court granting recognition.

Attornove

I have examined the information in this document and have a reasonable belief that the information is true and correct.

			· atterneye			
Name and mailing address Core2000 LLC	of petitioner		M. Ryan Pi	inkston		
Name			Printed name			
875 Siesta Key Circle			Seyfarth S	haw LLP		
Number Street			Firm name, if a	ny		The state of the s
Sarasota	FL	34342	560 Mission	n Street, Suite 310	0	
City	State	ZIP Code	Number Stre	et		
			San Francis	SCO	CA	94105
Name and mailing address	of petitioner's rep	resentative, if any	City		State	ZIP Code
Robert Scot James			Contact phone	(415) 544-1013	rpinks _{Email}	ton@seyfarth.com
875 Siesta Key Number Street	Circle		Bar number	310971		
Sarasota	T_L State	34242 ZIP Code	State	California		
I declare under penalty of per Executed on 11/20/2024 MM / DD / YYYY		ing is true and correct.	* m	B-PA		
: But put	prop		Signature of atto	omey 11/20/2024		- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10
Signature of petitioner or represed	Itative, including repre	sentative's title	Date signed			

MM / DD / YYYY

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Name

Case number (if known)_____

Name			Printed name			
			Seyfarth Sha	aw LLP		
21014 Cisco Lane			Firm name, if an	у		
Number Street	WA	20475	560 Mission	Street, Suite 310	0	
Leesburg	VA VA	20175	Number Stree	COMPANY OF SHAPE OF HOME AND ASSESSED.	·*·	
City	State	ZIP Code	San Francis		CA	94105
Name and mailing address	of petitioner's repr	resentative, if any	City	ANDRESSES SERVICES DEPOSITORS	State	ZIP Code
Barbara Bianucci, Anthor	10.000 No.		Contact phone	(415) 544-1013	rpinks Email_	ton@seyfarth.com
Name		-		310971		
21014 Cisco Lane			Bar number	3109/1		
Number Street				California		
Leesburg	VA	20175	State	Camorna		
City	State	ZIP Code				
Signature of petitioner or represe	entative, including repre	esentative's title	Date signed	MM / DD / YYYY		
CA 531 86th Street LLC	A COLUMN CONTRACTOR DE PARE	ement Corp.)	M. Ryan Pin			
CA 531 86th Street LLC	(c/o ACHS Manag	ement Corp.)	Printed name Seyfarth Sh	aw LLP		
CA 531 86th Street LLC Name 1412 Broadway, 3rd Floo	(c/o ACHS Manag	ement Corp.)	Printed name	aw LLP		
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Case	num	per	(if knows

Name and mailing addres	s of petitioner						
BOTF, LLC			M. Ryan Pinkston				
Name		2 	Printed name Seyfarth Sha	out LD			
21014 Cisco Lane			Firm name, if an				
Number Street		-	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		20		
Leesburg	VA	20175	13	n Street, Suite 310	JU		
City	State	ZIP Code	Number Stree San Francis		CA	94105	
Name and mailing addres	s of petitioner's rep	resentative, if any	City		State	ZIP Code	
Barbara Bianucci, Antho			Contact phone	(415) 544-1013	_ Email	on@seyfarth.com	
Name			Bar number	310971		·	
Number Street		- A	State	California			
City	State	ZIP Code					
I declare under penalty of p	perjury that the forego	ing is true and correct.	×				
Executed on MM / DD / YYY	YY		Signature of atto	orney			
×				11/20/2024			
Signature of petitioner or repre-	andation instruction cons	anantativala tista	Date signed	MM / DD / YYYY	<u>105</u>		
Signature of pentioner of repre-	semanye, moraning repre	santative 3 title		WIN 7 DD 7 TTT			
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Number Street		*	Firm name, if an				
New York	NY	10018	13	Street, Suite 310	00		
City	State	ZIP Code	Number Stree San Francis		CA	94105	
Name and mailing addres	s of petitioner's rep	resentative, if any	City	(145) 511 1010	State	ZIP Code	
Marcelo Klajnbart			Contact phone	(415) 544-1013	_ Email	ton@seyfarth.com	
Name		(Bar number	310971	·		
Number Street			State	California			
City I declare under penalty of p	State perjury that the forego	ZIP Code ing is true and correct.	M	B-PA	-		
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